



Download this form before you begin

Please download and complete with Adobe Acrobat. If you are using a browser to complete this form you may lose your information.

Purpose of this form

Use this form if you are a required person, who is not the submitter of an application or notification to CASA, to declare and confirm your involvement in the application or notification that is lodged by another person.

Who is this form for?

This form is for required parties who are involved in an application or notification to CASA that is lodged by another party.

Information needed to complete this form

You will need your ARN and information about the application or notification that is related to this declaration.

You do not need to submit this form if you are the person making an application for yourself through myCASA.

Aviation Reference Number (ARN)

An ARN is required to complete this form. If you do not have an ARN, [apply now](#).

If you are applying on behalf of an organisation, you will need to have authority to act on the entity's (applicant's) behalf and be able to provide the organisation's ARN.

Contact details

It is important the contact details on the ARN profile are current. CASA uses these contact details when processing this application.

If your address, contact or other details have changed, you must update them prior to lodging this form. You can do this by [changing your details](#) on the CASA website.

Failure to provide up to date contact details to CASA could result in additional fees being charged under the *Civil Aviation (Fees) Regulations 1995* and may constitute a criminal offence.

For more information

Go to the [CASA website](#) or [contact us](#).

I declare:

- All statements in this declaration are true and correct.

I acknowledge by providing my details below and submitting this declaration:

- I may commit an offence under the *Criminal Code Act 1995* if I make a false or misleading statement in my declaration.
- I am a required party to the relevant application being submitted along with this form.
- I have reviewed the information relevant to myself in the application or notification being submitted.
- I confirm my involvement in the relevant application/ notification and the correctness of the matters expressed in it as it relates to me.

Privacy

Any personal information you provide to CASA, as part of this declaration, is protected by the *Privacy Act 1988*.

We will use the information provided to process this declaration and may also use it to conduct identity/security checks. Without your consent, we may not be able to process your declaration.

To meet our accountability obligations, we may disclose this information:

- to other government agencies or other national aviation authorities for certain purposes, and
- to comply with court orders and other legal requirements.

For more information about how we use, disclose and protect your personal information, see our [privacy statement](#) and [privacy policy](#).

- I declare and acknowledge the above matters.
- I have read CASA's privacy policy and I authorise CASA to use and disclose the information it collects for this declaration in accordance with that policy.

Individual only

Full name

ARN

Signature

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

Applicant Delegate
Examiner Authorised person
Other

If other, specify below:

Declaration continued**Individual only**

Full name

ARN

Signature

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

Applicant Delegate
Examiner Authorised person
Other

If other, specify below:

This area has been intentionally left blank

Organisation only

Legal Entity Name

Organisation ARN

What is your position within the organisation?

- | | |
|----------------|----------------------------------|
| Director | Company Secretary |
| CEO | President |
| Vice President | Agent/Other (authority required) |

If the person completing this declaration is not the applicant or an authorised office holder of the organisation named above, they must provide proof that they are authorised to act on behalf of that applicant or organisation (for example, a letter of authority or similar document).

 Attach authority

Individual completing this declaration

Full name

ARN

Signature

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

- | | |
|-----------|-------------------|
| Applicant | Delegate |
| Examiner | Authorised person |
| Other | |

If other, specify below:

Declaration continued

Organisation only

Legal Entity Name

Organisation ARN

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Individual completing this declaration

Full name

ARN

Signature

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

- | | |
|-----------|-------------------|
| Applicant | Delegate |
| Examiner | Authorised person |
| Other | |

If other, specify below:

Submitting this form to CASA



Submit this form with all supporting documents via myCASA submission or by email